PATENT APPLICATION FEE	<b>DETERMINATION RECORD</b>
	Inher 1 2001

Application or Docket Number

10001759

_		01.4440.4	<u> </u>						1000		<u> </u>	
CLAIMS AS FILED - PART I (Column 1) (Column 2)						MALL E	NTITY	OR		R THAN ENTITY		
TOTAL CLAIMS		7				Γ	RATE	FEE	٦	RATE	FEE	
FOR		NUMBER FILED		NUMBER EXTRA			BASIC FE	370.00	OR	BASIC FE		
TOTAL CHARGEABLE CLAIMS			7 m	7 minus 20=		. 6		X\$ 9=		7	X\$18=	
INDEPENDENT CLAIMS			2.	J. minus 3 = *		* Q		X42=		OR		<del> </del>
MULTIPLE DEPENDENT CLAIM PRESENT						ŀ	745-		OR	X84=	<b>├</b>	
* If the difference in column 1 is less than zero, enter "0" in column 2								+140=		OR	+280=	
								TOTAL		OR	TOTAL	240
12/28/04 CLAIMS AS AMENDED				(Colum	nn 2)	(Column 3)		SMALL	ENTITY	OR		THAN ENTITY
<b>AMENDMENTA</b>		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUME PREVIO PAID I	BER HUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	. 7	Minus	* 20	0	=		X\$ 9=		OR	X\$18=	
¥	Independent	ENTATION OF MI	Minus	*** 3	3		Γ	X42=		OR	X84=	
	1110111100	CITIZATION OF ME	DETIPLE DE	PENUENI	CLAIM			+140=.		OR	+280=	
							ΑD	TOTAL DIT. FEE		OR	TOTAL ADDIT. FEE	
_		(Column 1)		(Colum		(Column 3)				•	WO11.1 EL	
AMENDMENT B		REMAINING AFTER AMENDMENT		HIGHI NUME PREVIO PAID F	ER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
N	Total	•	Minus	**		=		X\$ 9=		OR	X\$18=	
AME	Independent	* NTATION OF MU	Minus	***		=	F	X42=		OR	X84=	
	THOTPHESE	INTATION OF MU	LIPLE DEI	PENDENT	CLAIM		T.	140=		OR	+280=	
							ADI	TOTAL DIT. FEE		OR .	TOTAL	
_		(Column 1)		(Colum		(Column 3)		,			IDDII. PEE	
AMENDMENIC		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIOU PAID F	ER JSLY	PRESENT EXTRA	F	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL
	Total	•	Minus	**		-	$\Box$	(\$ 9=			X\$18=	FEE
	Independent		Minus	***		<b>a</b> -	-			OR		
	FIRST PRESE	NTATION OF MU	LTIPLE DEF	PENDENT	CLAIM		$\vdash$	(42=		OR	X84=	
If the entry in column 1 is less than the entry in column 2, write "0" in column 3.							+	140=		OR	+280=	
	the "Highest Nur the "Highest Nur	mber Previously Pai mber Previously Pai ber Previously Paid	d For IN THI: d For IN THI	S SPACE is I	ess than	20, enter "20."		TOTAL IT. FEE In the appr	لسنا	OR Al	TOTAL DDIT. FEE mn 1.	